

New Building _____
Repair-Alteration _____

MONROE COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR A CONSTRUCTION PERMIT
FOR THE INSTALLATION OR REPAIR OF
AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Name of Owner _____ Date _____

Present Mailing Address _____ Phone _____

City-Town-Village _____ Zip Code _____

Type of Building _____

Number of Bedrooms _____ Expansion Attic _____

Detailed Location of Building Lot _____

Name of Installer, if known: _____

Water to be supplied by: _____ Public Water _____ Drilled Well _____ Other (Indicate Source) _____

Distance to nearest public sanitary sewer _____

I (we) understand and am (are) in agreement with the proposed sewage disposal system installation as shown attached. If approved, the Health Department inspection staff can expect that said disposal system, and the water supply and drainage facilities will be installed as indicated and without changes, unless a revised plan is submitted and approved by the Monroe County Department of Health.

Signed:

Owner

Owner(s)

Builder

Developer

DO NOT WRITE BELOW THIS LINE

INSPECTION TYPE _____ INSPECTOR _____ DATE _____

RETURN TO:

MONROE COUNTY DEPARTMENT OF HEALTH - ROOM 938
PO BOX 92832

HD-5835-10-3215-92

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Name of Owner _____ Town _____

Road _____

Draw a plot plan, in ink, give size of lot and show location of house, septic tank, leaching system and well. Give distances between well and septic tank, well and leaching system, leaching system and property lines. Location of wells and sewage disposal on neighboring lots should be determined and distances to them shown.

Call the Monroe County Department of Health at 274-6055, for inspection of each sewage disposal system before backfilling is done.

NOTE: APPROVAL GRANTED WITH THE UNDERSTANDING THAT SAID PLANS ARE SUBJECT TO REVIEW AND REAPPROVAL AFTER TWO YEARS FROM DATE HEREON, IF INSTALLATION IS NOT COMPLETED BY THAT TIME.

Number of bedrooms _____ Size of Septic Tank _____

Soil absorption test result was _____ minutes

Width of Trench _____ inches Depth of Trench _____ inches

Total amount of leach _____ feet Length of each line _____ feet

This permit may be revoked if field conditions are found to differ from information submitted on the application or plan.

The proposed arrangements for sewage disposal for the above named property have been reviewed and found to meet the requirements of the Monroe County Department of Health. This permit is issued provisions of Article IIA of the Monroe County Sanitary Code.

DATE: _____

NAME: _____

TITLE: _____